

Feb 11 05 12:24p

Christie Thomas

713 550 5709

FEB 11 2005

PTO/SB/122 (09-04)

Approved for use through 7/31/2008. OMB 0351-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

|                        |            |
|------------------------|------------|
| Application Number     | 10/516,834 |
| Filing Date            | 12/2/2004  |
| First Named Inventor   | Rashed     |
| Art Unit               |            |
| Examiner Name          |            |
| Attorney Docket Number | 50216      |

Please change the Correspondence Address for the above-identified patent application to:

The address associated with  
Customer Number:

22929

OR

Firm or  
Individual Name Sue Z. Shaper

Address 1800 West Loop South, Suite 750

|      |         |       |       |     |       |
|------|---------|-------|-------|-----|-------|
| City | Houston | State | Texas | Zip | 77027 |
|------|---------|-------|-------|-----|-------|

|         |     |
|---------|-----|
| Country | USA |
|---------|-----|

|           |              |     |              |
|-----------|--------------|-----|--------------|
| Telephone | 713 550 5710 | Fax | 713 550 5709 |
|-----------|--------------|-----|--------------|

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

Applicant/Inventor  
 Assignee of record of the entire interest.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 Attorney or agent of record. Registration number 31663  
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature 

Typed or Printed  
Name Sue Z. Shaper

|      |                   |           |              |
|------|-------------------|-----------|--------------|
| Date | February 11, 2005 | Telephone | 713 550 5710 |
|------|-------------------|-----------|--------------|

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

S:\Documents and Settings\Sue Shaper\My Documents\Shaper\Osman\50216 associate customer number with matter.doc

## SUE Z. SHAPER, P.C.

1800 West Loop South  
 Suite 1450  
 Houston, Texas 77027  
 U.S.A.  
 (713) 840-9100 Main Number  
 (713) 550-5710 - Direct Line  
 (713) 550-5709 - Fax  
 sshaper@wt.net - Email

PLEASE NOTE:  
 We have a new suite number,  
Suite 1450. Please make this  
 change in your records.

## FAX TRANSMISSION COVER SHEET

## CONFIDENTIALITY NOTICE

The information contained in this FAX is confidential and/or privileged. This FAX is intended to be reviewed initially by only the individual named below. If the reader of this transmittal page is not the intended recipient or a representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this FAX or the information contained herein is prohibited. If you have received this FAX in error, please immediately notify the sender by telephone and return this FAX to the sender at the above address. Thank you.

|   |  |                      |
|---|--|----------------------|
| DATE:                                     | February 11, 2005                              |                      |
| TO:                                       | USPTO  | FAX NO: 703-872-9306 |
| COMPANY:                                  |  |                      |
| FROM:                                     | Sue Shaper                                     |                      |
| RE:                                       | Change of Correspondence Address - Application |                      |
| <u>PLEASE CONFIRM RECEIPT OF THIS FAX</u> |  |                      |

Total number of pages transmitted (including cover sheet)  
 If there is a problem with the fax transmission, please call Christie Thomas at (713) 840-9100.